PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

GRET-251.1

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN	
TOTAL CLAIMS			17		· ·			RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA]	BASIC FEE	385.00	OR	BASIC FEE	770.00
TC	TAL CHARGE	ABLE CLAIMS	/.)_ minus 20=		· 0			XS 9=		OR	X\$18=	
INE	EPENDENT C	LAIMS	3 m	nus 3 =	. 0			X43=		OR	X86=	·
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	,
* If the difference in column 1 is less than zero, enter "0" in column 2							•	TOTAL		OR	TOTAL	770
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
	- 1/1 /2	CLAIMS	1	HIGH		(Column 3)	הי	-		1		
AMENDMENT A	2/3/01	REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	- ///	Minus	** &		2		X\$ 9=		OB	X\$18=	
	Independent	NTATION OF MI	Minus	PENDENT	2 CLAIM	-	. [X43=		OR	X86=	
	·	NICK OF THE	ZIII EE DEI	LITOLITI	OBAIN		J	+145=		OR	+290=	•
					•		-	TOTAL	-,	OR	TOTAL	
								DDIT. FEE		JO.,	ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)	_			_		·
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	·
	Independent	* NTATION OF MU	Minus	***	CL 4 IN4		4 [X43= ·		OR	X86=	
	FIRST PRESE	NIAHON OF MO	LIPLE DEP	ENDENT	CLAIM		┙┌	+145=		OR	+290=	
						•		TOTAL		OR.	TOTAL	
		•				•	A	DDIT. FEE L		Ų.,,	ADDIT. FEE	
	·	(Column 1)		(Colum		(Column 3)			•	<i>.</i> .	•	
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOL PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**			lΓ	X\$ 9=		OR	X\$18=	
E I	Independent	*	Minus	***		=		X43=		}	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								A73=		OR	<u> </u>	
* If the potty is asked in local than the potty in the po								+145=		OR	+290=	·
H	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR ,	TOTAL ODIT, FEE	
	the "Highest Nur	mber Previously Pai ber Previously Paid	id For IN THIS	S SPACE is	less that	n 3, enter *3.* ·	٠. ٦	ODIT. FEE L d in the appr	opriate box	•	_	